

City of Tomah – Community Block Grant, Community Development, Housing Authority

City Hall Annex – 107 E Milwaukee St, Tomah WI 54660

**Mailing Address:** 819 Superior Avenue, Tomah, WI 54660

(608) 374-7455, Fax (608) 374-7458, e-mail tomahpha@tomahonline.com

**LAKESIDE APARTMENT'S APPLICATION:** This form must be filled out completely. If something does not apply to you mark the space with NA. Submit your completed application and provide a copy of each household member's social security card and if issued a copy of all applicable state ID/driver license(s) to the address listed above. All adult members of the household must sign below certifying the information pertaining to them. If additional space is needed, submit information on a separate sheet of paper. Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority office. If you have any questions contact our office at (608) 374-7455 or via e-mail tomahpha@tomahonline.com. (rev. 04/09/2021)

**PLEASE PRINT**

Head of Household Name:	e-mail Address:		
Current Street Address:	City:	State:	Zip:
Home Phone Number:	Alternate Phone Number:		
Mailing Address if different than street address:			
Emergency contact: Name:	Phone:	Relationship:	

**I. HOUSEHOLD** List ALL persons who will be living in your home. Include unborn child & live-in aides.

Legal Name of each household member	Date of Birth	Sex M or F	Relationship to Head of Household	Social Security Number	Race	Place of Birth	Optional Disabled
			Head of Household				Yes or No

Yes No Has any adult household member ever used any name or Social Security Number(s) other than the one listed above (i.e. maiden name)? If yes, provide other SSN and / or Names and explain why they were used.

**II. INCOME:** List ALL household income below. Include income from minor children such as paper routes; income from Title V such as Experience Works (Green Thumb), RSVP, etc.; job training programs, military.

**A. Employment, Unemployment & Self Employment Income**

Family Member	Name of Employer or UC Agency	Address				Self Employed Business Type	Gross Monthly Income
		Street	City	St	Zip		

**B. Pension, Social Security-SS/SSI, VA-Service Connect SC, Non-Service Connect-NSC, IT/CWT Income**

Family Member	Monthly SS, SSD, SSI, PASS	Monthly VA-SC,NSC,IT & CWT	Monthly Pension/Annuity withdraw	Pension Received From/Address			
				Street	City	St	Zip

**C. Other Income/Benefits**

Food Share/Stamps	\$	per mo		
Heating Assistance	\$	per yr		
Job Training Programs	\$	per mo	Program Name/Agency:	Address
Tribal Income	\$	per	Tribe:	Address

**D. Child Support, Alimony & W-2 Benefit Income:**

Person Receiving	Child Support	Monthly Alimony	Monthly W-2	Case Worker &/or Agency Address				
				Name	Street	City	St	Zip

Yes No Is any household member entitled to child support/maintenance and not receiving it? If yes, please explain.

Yes No Is any household member receiving income from a source not listed above (i.e. Kinship Care, job training program)? If yes, please explain. \_\_\_\_\_

Yes No Does anyone outside your household give you money for living expenses or pay bills for you? If yes, please explain. \_\_\_\_\_

**III. MEDICAL EXPENSES For elderly and/or disabled households (list additional on separate sheet)**

Family Member(s)	<b>Medicare</b>		Monthly Payment	
			\$	
Family Member(s)	<b>Health Ins Co:</b>	Address:	Payment Amt	Frequency
			\$	
Family Member(s)	<b>Title 19</b>		Spend-down Amt	Frequency
			\$	
Family Member(s)	<b>Badgercare</b>			
Family Member(s)	<b>Outstanding Doctor/Hosp Bills</b>	Address:	Monthly Payment	Total Owed
			\$	\$
Family Member(s)	<b>Other Medical Exp (Explain)</b>	Address:	Monthly Payment	Total Owed
			\$	\$

Yes No Do you pay for unreimbursed expenses to allow a disabled household member to work? If yes, please explain. \_\_\_\_\_

Yes No Do you pay for unreimbursed expenses for the care of a disabled household member to allow another household member to work? If yes, please explain. \_\_\_\_\_

Yes No Optional – Do you require a handicapped accessible unit? If yes what features do you need. \_\_\_\_\_

**IV. CHILDCARE EXPENSES for children 13 years of age or under.**

Yes No Do you pay for childcare which allows you/spouse to work, attend school or search for employment?

Yes No Do you receive daycare assistance through the county or other agency, or help from any other person to help pay your childcare expenses? If yes, from whom is it received? \$ per

Name of Childcare Provider	Street Address	City	St	Zip	Weekly Payment

**V. ASSETS (include assets of all household members) Attach another sheet if needed to report all assets. If you make withdrawals from CD's, trusts, annuities, etc, include the amount and frequency of withdrawals.**

Check Acct #	Bank/Credit Union	Address	Value	
			\$	
Saving Acct #	Bank/Credit Union	Address	Value	
			\$	
CD #'s	Bank/Credit Union	Address	Value	Annual %
			\$	
Stocks & Bonds	Agency	Address	Value	Annual Income
			\$	
Savings Bonds			Value	
			\$	
Retirement Fund	Agency	Address	Value	Annual Inc
			\$	
Mutual or Trust Funds	Agency	Address	Value	Annual Inc
			\$	
Annuities or Life Insurance	Agency	Address	Value	Annual Inc
			\$	
Real Estate	Owner	Address	FMV	Income
			\$	

Yes No Do you own any personal property held as an investment, such as gems, jewelry, coin collections, antique cars, etc? If yes, what is owned? Value \$

Yes No Has any household member sold, gifted or donated property or any other assets worth more than \$1,000 in the past two years? If yes, please explain and list address.

**VI. ADDRESS & RENTAL HISTORY**

Provide information on where household members have lived in the past 5 years, this may include landlords, family and/or friends.

Present - Landlord/Family/Friend Name, Address & Phone Number	Your Present Address	Monthly Rent	How long did you reside at this address?
		\$	
Prior - Landlord/Family/Friend Name, Address & Phone Number	Your Prior Address	Monthly Rent	How long did you reside at this address?
		\$	
Prior - Landlord/Family/Friend Name, Address & Phone Number	Your Prior Address	Monthly Rent	How long did you reside at this address?
		\$	

**VII. EDUCATIONAL INFORMATION**

Yes No Are you or any other adult household member currently enrolled in an institution of higher learning?

If yes, are you enrolled: full-time part-time Number of Semester Credits \_\_\_\_\_

Yes No Is household member(s) receiving grant funds, student loans, income from work study programs, scholarships, etc.? If yes, please explain. \_\_\_\_\_

School Name	Street Address	City	St	Zip	Start Date	Grad Date

**VIII. PERSONAL REFERENCES**

List three (3) references who are not relatives/family members

Reference Name	Address	City	St	Zip	Home Phone #	Cell or Work #

**IX. GENERAL INFORMATION**

Yes No Has any household member been convicted of a crime other than minor traffic violations? If yes, List all convictions including Driving Under the Influence (DUI or DWI) and list status of probation/parole. \_\_\_\_\_

Yes No Is any household member a lifetime registered sex offender?  
If yes, please explain \_\_\_\_\_

Yes No Has any household member ever committed fraud while in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain \_\_\_\_\_

Yes No Have you or any other household member lived in any other government assisted/subsidized housing? If yes, please give name and address of agency, and dates assistance was received.  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Do/Have you or any other member of your household owe money, been evicted or had you're a lease terminated by this Housing Authority or any other Landlord?  
If yes, please explain. \_\_\_\_\_

**X. RESIDENT SELECTION AGREEMENT & INFORMATION****COMMUNITY SERVICE REQUIREMENT**

Service Requirement – Except for any family member who is an exempt individual, each adult resident of Lakeside Apartments must:

- Contribute 8 hours per month of community service (not including political activities); or
- Participate in an economic self-sufficiency program for 8 hours per month; or
- Perform 8 hours per month of combined activities as described in paragraphs (a) (i) and (a) (ii) of this section

Exempt Adult Family Member(s) are those:

- Age 62 years or older
- Blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i); 1382c) and who certify that because of this disability they are unable to comply with the service provisions; or are primary caretakers of such individuals.

Engaged in work activities a minimum of 20 hours per week as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)

## **XI. RESIDENT SELECTION AGREEMENT & INFORMATION - continued**

I understand that my housing application is contingent upon my eligibility based on the rules and regulations established by the US Dept. of HUD and the Housing Authority's Admissions Policy. I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history
2. Unacceptable current and/or past rental history
3. Owing money for current and/or past housing rentals
4. Failure to provide requested rental history or proof of residence
5. Unacceptable credit history
6. Have a recent history of criminal activity involving crimes to persons and/or property
7. Has been evicted from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity
8. Applicant is determined to be using illegally a controlled substance
9. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health safety or right to peaceful enjoyment of the premises by other residents
10. Applicant has been convicted of any drug-related criminal activity
11. Failure to disclose requested information on the application
12. Providing false or misleading information on the application
13. Failure to provide requested information within in ten (10) business days of written request
14. Failure to provide required documentation of Social Security Number for each household member
15. If applicant's gross income at time of application is greater than the Low Income by family size listed below. Note: Family's that meet the very low-income category will be given priority for admission.

Income Limits 2021

Family Size	Low Income	Very Low Income
1	41000	25650
2	46850	29300
3	52700	32950
4	58550	36600
5	63250	39550
6	67950	42500
7	72650	45400
8	77300	48350

As part of the procedures for verification on past and present references, the Tomah Public Housing Authority may conduct an inspection of your present residence to determine decent, safe and sanitary living conditions. This inspection may be a "drop in" type inspection with no advance warning. By signing this application, you the applicant agree to this condition. Choosing not to sign this statement may make you ineligible for Lakeside Apartments.

**I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to report changes in writing within 14 calendar days from the date of the change.**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

City of Tomah – Community Block Grant, Community Development, Housing Authority  
City Hall Annex – 107 E Milwaukee St, Tomah WI 54660

Mailing Address: 819 Superior Avenue, Tomah, WI 54660  
(608) 374-7455, Fax (608) 374-7458

---

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

---

**CONSENT**

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that based on program policies and requirements all household members previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

Identity	Employment, Income & Assets
Verification of Marital Status	Medical and/or Childcare Expenses
Residences and Rental Activity	Criminal Activity
Credit History	

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the information includes but are not limited to:

Current and/or Previous Landlords	Veterans Administration
Public Housing Agencies	Retirement Systems
Human Services/Welfare Agencies	State Unemployment Agencies
Clerk of Courts	Schools and Colleges
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Social Security Administration	Medical and Childcare Providers
Law Enforcement Agencies	Support and/or Alimony Providers/Agencies
Utility Companies	Current and/or Previous Employers
U.S. Postal Service	

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Tomah Public Housing Authority  
819 Superior Av  
Tomah WI 54660

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



## Tomah Public Housing Authority

Each person who qualifies for Housing Assistance must either be a citizen or a national of the United States or a Non-Citizen who has eligible immigration status as determined by the U. S. Immigration and Naturalization Service. For additional information on Eligible Immigration Status (EIS) please refer to the reverse side of this

Each adult household member must certify their citizenship status by completing a line on this form.

by completing a line on this form.

[illegible]

**Head of Household Certification:**

As Head of Household I certify, under penalty of perjury, that all members of my household are listed above.

Signature

Date \_\_\_\_\_

**Warning:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If the form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

This information pertain to non-citizens who declare eligible immigration status (EIS) which includes the following categories:

**Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a) (15) or 101(a) (20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [immigrant status]. This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

**Permanent Resident under 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under IHA 249].

**Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a) (7) of the INA (U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d) (5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA 1253(h).

**Amnesty under 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



## U.S. Department of Housing and Urban Development

### Office of Public and Indian Housing

## DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.